

FORM NH-1

REPORT AND REMITTANCE are due November 1

Peyton D. Prospere  
State Treasurer



STATE OF MISSISSIPPI  
NURSING HOME  
UNCLAIMED PROPERTY REPORT  
(Medicaid Patients)

FOR TREASURY USE ONLY

REPORT YEAR

Name of Holder:	Contact Person	Phone
Mailing Address	City, State, Zip	

Pursuant to Mississippi Code Annotated, Section 43-13-120 of the Laws of Mississippi the above holder hereby reports the following property subject to the Act:

OWNER'S LAST NAME, FIRST NAME STREET ADDRESS / CITY, STATE, ZIP CODE (LIST ALPHABETICALLY BY LAST NAME)	OWNER'S SOCIAL SECURITY NUMBER	NAME & LAST KNOWN ADDRESS OF EACH PERSON WHO MAY POSSESS AN INTEREST IN SUCH FUNDS	AMOUNT REPORTED AS DUE OWNER

AFFIDAVIT

State of County/City of

I, of the company, or holder, for which this report is made,  
being duly sworn (or affirmed) according to law do depose and say that this report is true and contains all facts required by law to be reported.

Signature of officer, owner, etc. Sworn to (or affirmed) and subscribed before me this day of

(Notary Public)

TOTAL

MAILREPORT & CHECK PAYABLE TO:

State Treasurer of Mississippi  
Unclaimed Property Division  
P. O. Box 138  
Jackson, MS 39205-0138